## SALEM COUNTY SURROGATE'S COURT INFORMATION SHEET NICKI A. BURKE – SURROGATE

SEARCH DECEDE	INT NAME IN SOMS BEFORE	E CONTINUING	
Will		12 <sup>th</sup> day to issue	
Administration- (Asset Sheet Required R.4:80-1b)		Satellite appt	
☐ Asset Sheet completed	d & signed □	Invoice	
Administration Ad Pros	•	Paid date	
☐ Affidavit in Lieu of Adr☐ Trust	ministration (Spouse or Next-of-Kir	1)	
SURROGATE COURT DOCKET NO.	TOD/	AY'S DATE:	
INFO REC'D: IN PERSON [	] PHONE [ ] ATTY	: Mail [ ] Phone [ ]	
ESTATE OF:		AKA	
	ars on the Last Will & Testament – if no will, OF DEATH:		
DEATH CERTIFICATE REVIEW	WED BY SURROGATE COURT STAFF REGARD	ING DOMICILE	
DATE OF DEATH	DATE OF BIRTH	DATE OF WILL	
SS#	PAGES IN WILL	(please enclose a copy of will)	
<b>Next of Kin:</b> Begin with spo Indicate if they will be renou <b>Children of decedent:</b>	ncing ( <i>use reverse side or additional</i> Son(s) [ ] Daughter(s) [	children). If none, include parents and/or sibling sheet if necessary.)  None [ ]	
		Deceased Children [ ] Stepchildren [	]
Name, Address & Phone I	Number of <u>EXECUTOR(S</u> ), <u>ADMIN</u>	ISTRATOR(S):	
NAME: PHONE:( )			
ADDRESS:			
First named [ ] De If named Executor is not on NAME:	eceased [ ] Renouncing [  ualifying, state reason — e.g. pred	<del>-</del>	
PHONE:( )			
ADDRESS: Alternate [ ] Reason for alte	ernate entered in SOMS under comments	· 1	
Name – Relationship to De	ecedent, Address, Age if Minor, Re	In	dicate i
Name:			
			` '
			( )
			. /
			( )
Address:		Age if Minor	
			( )
Address:		Age if Minor	

Name: Address: Address:	ess(es) of Witness(es) who will prove:
Name:         Address:         Name:         Address:         Address:	Age if Minor(
Name:Address:	Relationship(Age if Minor(Relationship(Age if Minor ess(es) of Witness(es) who will prove:
Address:  Name:  Address:	Age if Minor (
Address:  Name:  Address:	Relationship (Age if Minor ess(es) of Witness(es) who will prove:
Address:	Age if Minor ess(es) of Witness(es) who will prove:
Address:	Age if Minor ess(es) of Witness(es) who will prove:
Colf Drawing Will. Voc 1 No 1 TENO Name (a) and Addition	
Self Proving Will:       Yes [ ]       No [ ]       If NO, Name(s) and Address:         Name:      Address:	
	Mail to Atty Give to Executo
Attorney:Address:	
DI	
WAITING FOR:  [ ] Renunciations	drec'drec'd
SURROGATE OF SALEM COUNTY  92 Market Street, Salem, NJ 08079  Tel. (856) 935-7510 Ext. 8323 FAX: (856)  E-Mail: surrogate@salemcountynj.gov Website: sa  SURROGATE OFFICE USE:  DODDOWDOIQUARTERLYSSBK&PGDOCKETSC	<u>lemcountynj.gov</u>

rev. Dec. 30, 2008